

Website: www.essexcountyny.gov/transportation

## ESSEX COUNTY PUBLIC TRANSPORTATION COMPLAINT FORM

## PERSONAL CONTACT INFORMATION Full Name: \_\_\_\_\_\_ Address: Daytime Phone # Email address: I am a: Bus Driver Phone Passenger Preferred Contact Method: Email **COMPLAINT DETAILS** Type of Complaint: Discriminatory based on sex, race, creed, color, or nationality General Discriminatory based on a disability Bus route where incident occurred (if applicable): ☐ Lake Placid XPRSS (village shuttle) Champlain North Route Cascade Express Mountain (CAS) Champlain South Route ☐ Mountain Valley Shuttle (MVS) Whiteface Mountain Ski Shuttle DESCRIPTION AND DETAILS OF COMPLAINT (please be specific; include dates, times, locations, name of driver, etc. Use other side if necessary) ECPT is committed to ensuring that no person is excluded from participation in or denied the benefits of the transit services we offer. This policy is consistent with the requirements of Title VI of the 1964 Civil Rights Act. If you believe you have been subjected to unequal treatment due to race, creed, color, national origin, sexual orientation or a disability, you have the right to file a formal complaint within one hundred-eighty (180) days following the date of the alleged discriminatory action. For more information, please call us at (800) 914-9266 or email us at transportation@essexcountyny.gov Office Use Only Received by:\_\_\_\_\_ Date of Inquiry:\_\_\_\_\_ Hand Delivered Type of Inquiry: Phone Emailed Mailed Other (explain):